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December 22, 2005

Receiver: Examiner HO, DUC CHI
Art Unit 2665**TEL #:****FAX #:** 571-273-8300**Sender:** Natalie Morgan for:
Haruo Yawata**Serial No.** 09/883,674
Our Ref. No.: CISC185/2949**Re:** Request for Continued Examination (RCE) w/Amendment B**Pages Including Cover Sheet(s):** 16**Fax Contents:** Fax Cover Sheet- 1 page
Request for Continued Examination (RCE)- 2 pages
Amendment Transmittal-1 page
Amendment B-12 pages**MESSAGE:****CONFIDENTIALITY NOTE**

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DEC 22 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Nosella et al.

Attorney Docket No.: CISCPI85/2949

Application No.: 09/883,674

Examiner: HO, DUC CHI

Filed: June 18, 2001

Group: 2665

Title: GATEWAY LOAD BALANCING
PROTOCOL**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office, Attention: Examiner HO, DUC CHI at facsimile number 571-273-8300 on December 22, 2005.

Signed: 

Namie Morgan

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir,

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

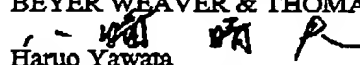
	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	44	MINUS	44	00	x 25 =	x 50 = 00
Independent Claims	10	MINUS	10	00	x 100 =	x 200 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$00

- ☒ Applicant(s) hereby petition for a one-month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. CISCPI85).

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02 FC:1251 120.00 DA

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Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

Haruo Yawata
Limited Recognition No. L0109